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## BIB DATA SHEET

CONFIRMATION NO. 5599

<b>SERIAL NUMBER</b> 10/715,868	<b>FILING or 371(c) DATE</b> 11/17/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 06132/075002		
<b>APPLICANTS</b> Juan Arroyo, Rockville, MD; Charles Miller, Lynn, MA; John Avram Catalan, Newton, MA; Thomas P. Monath, Harvard, MA;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/426,592 11/15/2002 and is a CIP of PCT/US03/36623 11/13/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/05/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MARY MOSHER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> CLARK & ELBING LLP 101 FEDERAL STREET BOSTON, MA 02110 UNITED STATES						
<b>TITLE</b> WEST NILE VIRUS VACCINE						
<b>FILING FEE RECEIVED</b> 1325	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			